

1	Unified Rate Review v2.0.2																																									
2																																										
3	Company Legal Name:		Freedom Life Insurance Comp										State:		KY																											
4	HIOS Issuer ID:		84286										Market:		Individual																											
5	Effective Date of Rate Change(s):		1/1/2016																																							
6																																										
7																																										
8	Market Level Calculations (Same for all Plans)																																									
9																																										
10																																										
11	Section I: Experience period data																																									
12	Experience Period:		1/1/2014		to		12/31/2014																																			
13							Experience Period																																			
14							Aggregate Amount		PMPM													#DIV/0!		#DIV/0!																		
15	Premiums (net of MLR Rebate) in Experience Period:						\$0		#DIV/0!		#DIV/0!											#DIV/0!		#DIV/0!																		
16	Incurred Claims in Experience Period						\$0		#DIV/0!		#DIV/0!											#DIV/0!		#DIV/0!																		
17	Allowed Claims:						\$0		#DIV/0!		#DIV/0!											#DIV/0!		#DIV/0!																		
18	Index Rate of Experience Period								\$0.00																																	
19	Experience Period Member Months						0																																			
20	Section II: Allowed Claims, PMPM basis																																									
21							Experience Period				Projection Period: 1/1/2016		to		12/31/2016				Mid-point to Mid-point, Experience to Projection:		24 months																					
22							on Actual Experience Allowed				Adj't. from Experience		Annualized Trend				Projections, before credibility Adjustment				Credibility Manual																					
23	Benefit Category		Utilization		Utilization per		Average				Pop'l risk						Utilization per		Average		Utilization		Average																			
24	Inpatient Hospital		Description		1,000		Cost/Service		PMPM		Morbidity		Other		Cost		Util		1,000		Cost/Service		PMPM			per 1,000																
25	Admits				0.00		\$0.00		\$0.00		1.341		1.251		1.098		1.048		0.00		\$0.00		\$0.00			42.71																
26	Outpatient Hospital		Visits		0.00		0.00		0.00		1.341		1.251		1.098		1.048		0.00		0.00		0.00			777.27																
27	Professional		Visits		0.00		0.00		0.00		1.341		1.251		1.098		1.048		0.00		0.00		0.00			6943.67																
28	Other Medical		Visits		0.00		0.00		0.00		1.341		1.251		1.098		1.048		0.00		0.00		0.00			223.73																
29	Capitation		Benefit Period		0.00		0.00		0.00		1.341		1.251		1.098		1.048		0.00		0.00		0.00			0.00																
30	Prescription Drug		Prescriptions		0.00		0.00		0.00		1.341		1.251		1.098		1.048		0.00		0.00		0.00			3558.49																
31	Total								\$0.00																	\$579.46																
32	Section III: Projected Experience:																									After Credibility																
33																										Projected Period Totals																
34																										0.00%																
35																										100.00%																
36																										\$579.46																
37																										\$72,433																
38																										0.680																
39																										\$394.03																
40																										\$49,254																
41																										-0.15																
42																										(19)																
43																										\$394.18																
44																										\$49,273																
45																									19.82																	
46																									2,477																	
47																									374.37																	
48																									\$46,796																	
49																									18.50%																	
50																									91.13																	
51																									3.05%																	
52																									15.02																	
53																									12.07																	
54																									1,509																	
55																									\$492.59																	
56																									\$61,574																	
57																									\$579.46																	
58																									#DIV/0!																	
59																									#DIV/0!																	
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Product-Plan Data Collection

Company Legal Name:

Freedom Life Insurance Company of America

State:

KY

HIOS Issuer ID:

84286

Market:

Individual

Effective Date of Rate Change(s):

1/1/2016

Product/Plan Level Calculations
Section I: General Product and Plan Information

Product		EHB-2016-IP-KY-FLI	HBC-2016-IP-KY-FLI
Product ID:		84286KY001	84286KY002
Metal:		Bronze	Bronze
AV Metal Value		0.590	0.590
AV Pricing Value		0.887	0.887
Plan Type:		PPO	PPO
Plan Name		Essential Health Bronze	Essential Health Bronze
Plan ID (Standard Component ID):		84286KY0010001	84286KY0020001
Exchange Plan?		No	No
Historical Rate Increase - Calendar Year - 2		0.00%	0.00%
Historical Rate Increase - Calendar Year - 1		0.00%	0.00%
Historical Rate Increase - Calendar Year 0		0.00%	0.00%
Effective Date of Proposed Rates		1/1/2016	1/1/2016
Rate Change % (over prior filing)		0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)		0.00%	0.00%
Product Threshold Rate Increase %		0.00%	0.00%

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	84286KY0010001	84286KY0020001
Inpatient	#DIV/0!	\$0.00	\$0.00
Outpatient	#DIV/0!	\$0.00	\$0.00
Professional	#DIV/0!	\$0.00	\$0.00
Prescription Drug	#DIV/0!	\$0.00	\$0.00
Other	#DIV/0!	\$0.00	\$0.00
Capitation	#DIV/0!	\$0.00	\$0.00
Administration	#DIV/0!	\$0.00	\$0.00
Taxes & Fees	#DIV/0!	\$0.00	\$0.00
Risk & Profit Charge	#DIV/0!	\$0.00	\$0.00
Total Rate Increase	#DIV/0!	\$0.00	\$0.00
Member Cost Share Increase	#DIV/0!	\$0.00	\$0.00

Average Current Rate PMPM	\$475.98	\$489.14	\$215.10
Projected Member Months	125	119	6

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	84286KY0010001	84286KY0020001
Average Rate PMPM	#DIV/0!	\$0.00	\$0.00
Member Months	0	0	0
Total Premium (TP)	\$0	\$0	\$0
EHB Percent of TP, [see instructions]	#DIV/0!	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	#DIV/0!	0.00%	0.00%
Other benefits portion of TP	#DIV/0!	0.00%	0.00%
Total Allowed Claims (TAC)	\$0	\$0	\$0
EHB Percent of TAC, [see instructions]	#DIV/0!	100.00%	100.00%

state mandated benefits portion of TAC that are other than EHB	#DIV/0!	0.00%	0.00%
Other benefits portion of TAC	#DIV/0!	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	\$0	\$0	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$0	\$0	\$0
Net Amt of Rein	\$0.00	\$0.00	\$0.00
Net Amt of Risk Adj	\$0.00	\$0.00	\$0.00
Incurred Claims PMPM	#DIV/0!	\$0.00	\$0.00
Allowed Claims PMPM	#DIV/0!	\$0.00	\$0.00
EHB portion of Allowed Claims, PMPM	#DIV/0!	\$0.00	\$0.00

ation IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	84286KY0010001	84286KY0020001
Plan Adjusted Index Rate	\$489.14	\$489.14	\$489.14
Member Months	125	119	6
Total Premium (TP)	\$61,142	\$58,207	\$2,935
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$72,433	\$68,956	\$3,477
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$25,937	\$24,692	\$1,245
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$46,496	\$44,264	\$2,232
Net Amt of Rein	\$2,477	\$2,358	\$119
Net Amt of Risk Adj	-\$19	-\$18	-\$1